

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 01-26-2008

Address: 2965 W CR 850 S

Case #: 32F28196

Carlisle, IN

County: Sullivan

47838

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open No Structure
☒ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Vehicle, Beside Vehicle
☒ Water Reactive Metal (Lithium): Vehicle
☒ Anhydrous Ammonia: Beside Vehicle
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: Vehicle
☐ Corrosive Base: _____
☒ Other (item and location): Beside Vehicle

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☐ Other: _____

This report is to be faxed to the following agencies that serve the location:

Fire Department: Carlisle VFD

Fax: 812-398-3102

Health Department: Sullivan

Fax: 812-268-0423

Child Protection Service: N/A

Fax: N/A

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Ritch A. Reynolds Phone (812)299-1153

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.